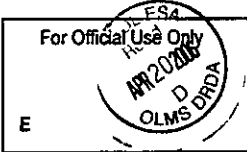


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

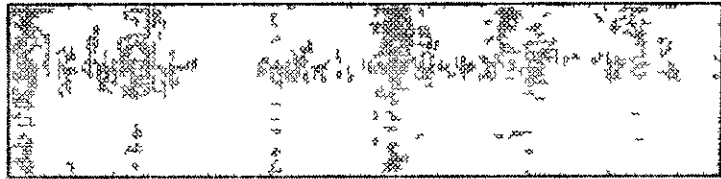
This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 7425	2 Fiscal Year Covered From 1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing Name Candice M Dubberly P O Box Bldg Room No if any Street 1776 Eye Street NW Suite 531 City Washington State District of Columbia ZIP Code + 4 20006	4 Name file number and address of labor organization Name International Union of Bricklayers Labor Organization File Number 000-034 P O Box Building and Room Number if any Street 1776 Eye Street NW Suite 600 City Washington State District of Columbia ZIP Code + 4 20006
5 Position in labor organization Manager Financial Services	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income  7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

Candice M Dubberly

On

4-5-06

Date

202 383 3219

Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name International Masonry Institute
Trade Name if any
P O Box Bldg Room No if any
Street 42 East Street
City Annapolis
State Maryland ZIP Code + 4 21401

9 Business deals with

- ☒ a Labor Organization
☐ b Trust
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name
Trade Name if any
P O Box Bldg Room No if any
Street
City
State ZIP Code + 4

11 a Nature of such dealing

International Masonry Institute reimburses the International Union of Bricklayers and Allied Craftworkers for administrative and financial services provided to the International Masonry Institute

11 b Approximate dollar value of such dealing

Unknown

12 a Nature of interest held or income received

Business expense reimbursement for attendance at the International Masonry Institutes annual meeting

12 b Amount

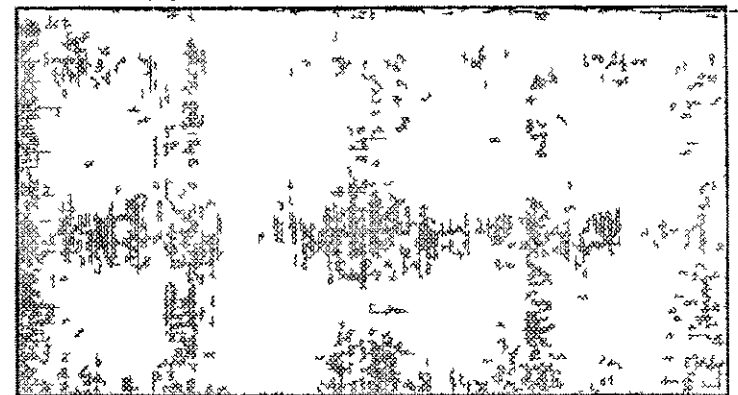
\$701

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name
Trade Name if any
P O Box Bldg Room No if any
Street
City
State ZIP Code + 4

14 a Nature of payment



13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment